

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1										
2										
3										
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14										
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16	1									
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21										
22	1									
23	1									
24		2								
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35	1									
36	1									
37	1									
38		2								
39		2								
40	1									
41	1									
42	1									
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48										
49										
50										
TOTAL IND.		↓		↓		↓				
TOTAL DEP.		↓		↓		↓				
TOTAL CLAIMS										
51										
52										
53										
54										
55										
56	1									
57	1									
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61	1									
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96										
97										
98										
99										
100										
TOTAL IND.	21	↓		↓		↓				
TOTAL DEP.	44	↓		↓		↓				
TOTAL CLAIMS	115									

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1360 (REV. 3-78)

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